

MEN'S QUESTIONNAIRE

IDENTIFICATION																						
NAME OF HOUSEHOLD HEAD _____	<table border="1"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>																					
WARD NAME _____																						
CLUSTER NUMBER																						
HOUSEHOLD NUMBER																						
PROVINCE																						
URBAN/RURAL (URBAN=1, RURAL=2)																						
LARGE CITY/SMALL CITY/TOWN/RURAL																						
(LARGE CITY=1, SMALL CITY=2, TOWN=3, RURAL=4)																						
NAME AND LINE NUMBER OF MAN _____																						

INTERVIEWER VISITS												
	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	DAY <table border="1"><tr><td></td><td></td></tr></table> MONTH <table border="1"><tr><td></td><td></td></tr></table> YEAR <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>								
INTERVIEWER'S NAME	_____	_____	_____	NAME <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>								
RESULT*	_____	_____	_____	RESULT <table border="1"><tr><td></td><td></td></tr></table>								
NEXT VISIT: DATE	_____	_____		TOTAL NO. OF VISITS <table border="1"><tr><td></td></tr></table>								
TIME	_____	_____										
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 3 POSTPONED 6 INCAPACITATED 7 OTHER _____ (SPECIFY)												

LANGUAGE OF QUESTIONNAIRE: ENGLISH	<table border="1"><tr><td>3</td></tr></table>	3
3		

LANGUAGE OF INTERVIEW: SHONA = 1; NDEBELE = 2; ENGLISH = 3; OTHER = 4	<table border="1"><tr><td></td></tr></table>	

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY								
NAME _____ <table border="1"><tr><td></td><td></td></tr></table>			NAME _____ <table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>		
DATE _____	DATE _____										

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

Hello. My name is _____ and I am working with the Central Statistical Office. We are conducting a national survey about the health of women, men, and children. We would very much appreciate your participation in this survey.

I would like to ask you about your health and that of your children. This information may help the country plan health services. Whatever answers you provide will be confidential and will not be shown to other persons.

We hope you will participate in this survey since your views are important. Shall we proceed with the interview?

RESPONDENT AGREES TO BE
INTERVIEWED 1

RESPONDENT DOES NOT AGREE 2 → END

↓

I HAVE READ THE ABOVE STATEMENT TO THE RESPONDENT AND HE HAS AGREED TO BE INTERVIEWED.

SIGNATURE OF INTERVIEWER _____

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR MINUTES	
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a city, in a town, on a commercial farm or in another rural area?	CITY 1 TOWN 2 COMMERCIAL FARM 3 OTHER RURAL 4	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS ALWAYS 95 VISITOR 96	☐ → 105
104	Just before you moved here, did you live in a city, in a town, on a commercial farm or in another rural area?	CITY 1 TOWN 2 COMMERCIAL FARM 3 OTHER RURAL 4	
105	In what month and year were you born?	MONTH DON'T KNOW MONTH 98 YEAR DON'T KNOW YEAR 9998	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS	
107	Have you ever attended school?	YES 1 NO 2	→ 114
108	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY 1 SECONDARY 2 HIGHER 3	
109	What is the highest (grade/form/year) you completed at that level?	GRADE/FORM	
113	CHECK 108: PRIMARY ☐ SECONDARY OR HIGHER ☐		→ 115
114	Can you read and understand a letter or newspaper easily, with difficulty, or not at all?	EASILY 1 WITH DIFFICULTY 2 NOT AT ALL 3	→ 116

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
115	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
116	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
117	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
118	What is your religion?	TRADITIONAL 1 CHRISTIAN 2 MUSLIM 3 NONE 4 OTHER 6 (SPECIFY)	
120	Have you ever drank an alcohol-containing beverage?	YES 1 NO 2	→123
121	In the last 30 days, on how many days did you drink an alcohol-containing beverage?	NUMBER OF DAYS NONE/NEVER 97	→123
122	In the last 30 days, on how many occasions did you get "drunk"?	NUMBER OF TIMES NONE/NEVER 97	
123	In the last 3 months, have you had any kind of injection?	YES 1 NO 2	→126
124	In the last 3 months, how many times did you have an injection?	NUMBER OF INJECTIONS EVERY DAY 98	
124A	What was the injection for? RECORD ALL RESPONSES.	MEDICAL TREATMENT A OTHER B	
125	The last time you had an injection, who was the person who gave you the injection?	HEALTH PROFESSIONAL 1 PHARMACIST 2 TRADITIONAL HEALER 3 FRIEND/RELATIVE 4 SELF 5 OTHER 6 (SPECIFY)	
126	Are you currently working?	YES 1 NO 2	→201
127	What is your occupation, that is, what kind of work do you mainly do?	 _____ _____ _____	

SECTION 2: REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about your children. I am interested only in the children that are biologically yours. Have you ever had children?	YES 1 NO 2	→206								
202	Do you have any sons or daughters who are now living with you?	YES 1 NO 2	→204								
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS AT HOME .. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
204	Do you have any sons or daughters who are alive but do not live with you?	YES 1 NO 2	→206								
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
206	Have you ever had a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but survived only a few hours or days?	YES 1 NO 2	→208								
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> GIRLS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ children during your life. Is that correct? YES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> NO <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> → PROBE AND CORRECT 201-208 AS NECESSARY.										

SECTION 3. CONTRACEPTION

Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 303.

301	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?	303 Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES 1 NO 2 ▾
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES 1 NO 2 ▾
03	PILL Women can take a pill every day	YES 1 NO 2 ▾
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES 1 NO 2 ▾
05	INJECTIONS Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months.	YES 1 NO 2 ▾
06	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for several years.	YES 1 NO 2 ▾
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2 ▾
08	FEMALE CONDOM : Women can place a rubber sheath in their vagina before sexual intercourse.	YES 1 NO 2 ▾
09	DIAPHRAGM Women can place a diaphragm in their vagina before intercourse.	YES 1 NO 2 ▾
10	FOAM OR JELLY Women can place a suppository, jelly, or cream in their vagina before intercourse.	YES 1 NO 2 ▾
11	LACTATIONAL AMENORRHEA METHOD (LAM) Women can use a specially taught method of pregnancy avoidance to delay the return of the menstrual period by feeding their child nothing but breast milk for up to six months after a birth.	YES 1 NO 2 ▾
12	RHYTHM OR PERIODIC ABSTINENCE Every month that a woman is sexually active she can avoid having sexual intercourse on the days of the month she is most likely to get pregnant.	YES 1 NO 2 ▾
13	WITHDRAWAL Men can be careful and pull out before climax.	YES 1 NO 2 ▾
14	EMERGENCY CONTRACEPTION: Women can take pills the day after sexual intercourse to avoid becoming pregnant.	YES 1 NO 2 ▾
15	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES 1 NO 2 ▾ _____ (SPECIFY) _____ (SPECIFY) NO 2 ▾
304	CHECK 303: NOT A SINGLE "YES" ☐ AT LEAST ONE "YES" ☐ → SKIP TO 313 (NEVER USED) ▾ (EVER USED)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
305	Have you or any of your partners ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	→334
307	What have you used or done? CORRECT 303 AND 304 (AND 301 IF NECESSARY).		
313	Are you or any of your partners currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→334
314	Which method are you using? IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD.	FEMALE STERILIZATION A MALE STERILIZATION B PILL C IUD D INJECTIONS E IMPLANTS F CONDOM G FEMALE CONDOM H DIAPHRAGM I FOAM/JELLY J LACT. AMEN. METHOD K PERIODIC ABSTINENCE L WITHDRAWAL M OTHER _____ X (SPECIFY)	→334
318	Where did the sterilization take place? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR CENTRAL HOSPITAL 11 PROVINCIAL HOSPITAL 12 DISTRICT/RURAL HOSPITAL ... 13 OTHER PUBLIC _____ 16 (SPECIFY) MISSION FACILITY 21 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC ... 31 PRIVATE DOCTOR 32 OTHER PRIVATE MEDICAL _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
318A	Before the sterilization operation, were (you/your wife/your partner) told that you would not be able to have any (more) children?	YES 1 NO 2	
321	In what month and year was the sterilization performed?	MONTH YEAR 1 9	
334	In the last 12 months, were you visited by a CBD who talked to you about family planning?	YES 1 NO 2	
335	In the last 12 months, have you attended a health facility for care for yourself (or your children)?	YES 1 NO 2	→401
336	Did any staff member at the health facility speak to you about family planning methods?	YES 1 NO 2	

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	Are you currently married or living with a woman ?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A WOMAN 2 NO, NOT IN UNION 3	→403 →405
402	How many wives do you have?	NUMBER OF WIVES	
403	How many (other) women are you living with as if you were married? RECORD '00' IF THE RESPONSE IS "NONE"	NUMBER OF LIVE-IN PARTNERS	
404	WRITE THE NAMES AND LINE NUMBERS FROM THE HOUSEHOLD QUESTIONNAIRE FOR HIS WIFE OR WIVES. IF A WIFE DOES NOT LIVE IN THE HOUSEHOLD, WRITE '00' IN THE LINE NUMBER BOX. THE NUMBER OF BOXES FILLED MUST BE EQUAL TO THE NUMBER OF WIVES. IF THE SUM OF 402 AND 403 IS '01' Please tell me the name of your wife/partner 1 _____ IF THE SUM OF 402 AND 403 IS '02' OR MORE Please tell me the names of all your wives and live-in partners 1 _____ 2 _____ 3 _____ 4 _____	LINE NUMBER 	→408
405	Do you currently have a regular sexual partner, an occasional sexual partner, or no sexual partner at all?	REGULAR SEXUAL PARTNER 1 OCCASIONAL SEXUAL PARTNER 2 NO SEXUAL PARTNER 3	
406	Have you ever been married or lived with a woman?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A WOMAN 2 NO 3	→408 →411
407	What is your marital status now: are you widowed, divorced or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	
408	Have you been married or lived with a woman only once, or more than once?	ONCE 1 MORE THAN ONCE 2	
409	CHECK 408: MARRIED/LIVED WITH A WOMAN ONLY ONCE ☐ MARRIED/LIVED WITH A WOMAN MORE THAN ONCE ☐ In what month and year did you start living with your wife/partner? Now we will talk about your first wife/partner. In what month and year did you start living with her?	MONTH DON'T KNOW MONTH 98 YEAR DON'T KNOW YEAR 9998	→411
410	How old were you when you started living with her?	AGE	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
421	What was the main reason you used a condom on that occasion?	OWN CONCERN TO PREVENT STD/HIV 1 OWN CONCERN TO PREVENT A PREGNANCY 2 OWN CONCERN TO PREVENT BOTH STD/HIV AND PREGNANCY 3 DID NOT TRUST PARTNER/FEELS SHE HAS OTHER PARTNERS 4 PARTNER INSISTED 5 OTHER_____ 6 	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
431	What is your relationship to this woman? IF "BOYFRIEND OR FIANCE", ASK "the last time you had sex with this partner, were you living with her?" IF "YES", RECORD '1' IF "NO" RECORD '2'	SPOUSE/COHABITING PARTNER 1 BOYFRIEND/FIANCE 2 FRIEND/ACQUAINTANCE 3 RELATIVE 4 CUSTOMER (FOR SEX) 5 OTHER _____ 8 (SPECIFY)	→433
432	How long have you maintained a sexual relationship with this woman?	DAYS 1 WEEKS 2 MONTHS 3 YEARS 4 DOES NOT REMEMBER 998	
433	Altogether, with how many different women have you had sex in the last 12 months?	NUMBER OF PARTNERS . . .	
434	Have you ever paid for sex?	YES 1 NO 2	→437
435	How long ago was the last time you paid for sex?	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4 DOES NOT REMEMBER 998	
436	The last time that you paid for sex, did you use a condom?	YES 1 NO 2	
437	Do you know of a place where one can get condoms?	YES 1 NO 2	→440

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
438	Where is that? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSP./CLINIC 11 RURAL/MUNICIPAL CLINIC 12 RURAL HEALTH CENTRE 13 ZNFPC FIXED CLINIC 14 ZNFPC MOBILE CLINIC 15 MOH MOBILE CLINIC 16 ZNFPC CBD 17 MOH CBD 18 OTHER PUBLIC 19 (SPECIFY) MISSION FACILITY 21 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 31 PHARMACY 32 PRIVATE DOCTOR 33 CBD 34 OTHER PRIVATE MEDICAL 36 (SPECIFY) OTHER SOURCE SHOP 41 CHURCH 42 FRIENDS/RELATIVES 43 OTHER 96 (SPECIFY)	
439	If you wanted to, could you yourself easily get a condom?	YES 1 NO 2 DON'T KNOW/UNSURE 8	
440	Do you know of a place where one can get female condoms?	YES 1 NO 2	→501
441	Where is that? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSP./CLINIC 11 RURAL/MUNICIPAL CLINIC 12 RURAL HEALTH CENTRE 13 ZNFPC FIXED CLINIC 14 ZNFPC MOBILE CLINIC 15 MOH MOBILE CLINIC 16 ZNFPC CBD 17 MOH CBD 18 OTHER PUBLIC 19 (SPECIFY) MISSION FACILITY 21 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 31 PHARMACY 32 PRIVATE DOCTOR 33 CBD 34 OTHER PRIVATE MEDICAL 36 (SPECIFY) OTHER SOURCE SHOP 41 CHURCH 42 FRIENDS/RELATIVES 43 OTHER 96 (SPECIFY)	
442	If you wanted to, could you yourself easily get a female condom?	YES 1 NO 2 DON'T KNOW/UNSURE 8	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 401: CURRENTLY NOT IN UNION ☐ CURRENTLY MARRIED OR LIVING WITH A WOMAN ☐		→503A
502	CHECK 405: NOT IN UNION BUT HAS A REGULAR SEXUAL PARTNER ☐ HAS ONLY AN OCCASIONAL SEXUAL PARTNER OR NO SEXUAL PARTNER ☐		→505A
503	CHECK 401 and 405: A HAS A WIFE OR LIVING WITH WOMAN ☐ Is your wife / the woman you are living with currently pregnant? Are any of your wives/ any of the women you are living with currently pregnant? B HAS A REGULAR SEXUAL PARTNER ☐ Is your regular partner currently pregnant? Is one of your regular partners currently pregnant?	YES 1 NO 2 DO NOT KNOW/UNSURE 8	→505A
504	When she became pregnant, did you want her to become pregnant <u>then</u> , did you want her to have a child but <u>wanted to wait</u> or did you <u>not want</u> her to have a child <u>at all</u> ?	THEN 1 WANTED TO WAIT 2 NOT AT ALL. 3	→505B
505	CHECK 503: A WIFE/PARTNER NOT PREGNANT OR UNSURE, OR HAS NO WIFE/PARTNER ☐ Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? B WIFE/PARTNER PREGNANT ☐ Now I have some questions about the future. After the child your wife/partner is expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS WIFE CAN'T GET PREGNANT 3 SAYS HE CAN'T HAVE ANY MORE 4 UNDECIDED/DON'T KNOW 8	→505B
506	CHECK 503: A WIFE/PARTNER NOT PREGNANT OR UNSURE, OR HAS NO WIFE/PARTNER ☐ How long would you like to wait to have a child? How long would you like to wait to have another child? B WIFE/PARTNER PREGNANT ☐ After the child your wife/partner is expecting, how long would you like to wait before the birth of another child?	MONTHS 1 YEARS 2 SOON/NOW 993 SAYS WIFE CAN'T GET PREGNANT 994 AFTER MARRIAGE 995 OTHER 996 (SPECIFY) DON'T KNOW 998	
507	CHECK 314: USING A METHOD NOT ASKED ☐ NOT USING CURRENTLY ☐ CURRENTLY USING ☐		→512
508	Do you think you will use a method to avoid pregnancies within the next 12 months?	YES 1 NO 2 DON'T KNOW 8	→510

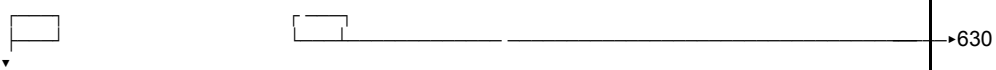
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
516	In the last few months have you heard about family planning: On the radio? On the television? In a newspaper or magazine?	YES NO RADIO 1 2 TELEVISION 1 2 NEWSPAPER OR MAGAZINE ... 1 2	
??	In the last few months have you discussed the practice of family planning with your friends, neighbours, or relatives?	YES 1 NO 2	→520
ERR	With whom? Anyone else? RECORD ALL MENTIONED.	WIFE/PARTNER A MOTHER B FATHER C SISTER(S) D BROTHER(S) E DAUGHTER F SON G MOTHER/FATHER-IN-LAW H FRIENDS/NEIGHBOURS I OTHER _____ X (SPECIFY)	
ERR	CHECK 401: CURRENTLY MARRIED ☐ LIVING WITH A WOMAN ☐ NOT IN UNION ☐		→601
ERR	Husbands and wives do not always agree on everything. Now I want to ask you about your wife's/partner's views on family planning. Do you think that your wife/partner approves or disapproves of couples using a method to avoid pregnancy?	APPROVES 1 DISAPPROVES 2 DON'T KNOW 8	
ERR	How often have you talked to your wife/partner about family planning in the past year?	NEVER 1 ONCE OR TWICE 2 MORE OFTEN 3	
ERR	Do you think your wife/partner wants the same number of children that you want, or does she want more or fewer than you want?	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8	
524	Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when: She is tired or not in the mood? She has recently given birth? She knows he has sex with women other than his wife (wives)? She knows he has the AIDS virus?	YES NO DK TIRED/MOOD 1 2 8 RECENT BIRTH 1 2 8 OTHER WOMEN 1 2 8 HAS THE AIDS VIRUS. 1 2 8	

SECTION 6: AIDS AND OTHER SEXUALLY TRANSMITTED DISEASES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→616
602	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES 1 NO 2 DON'T KNOW 8	☐ →610
603	What can a person do? Anything else? RECORD ALL MENTIONED.	ABSTAIN FROM SEX A USE CONDOMS B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER .. C LIMIT NUMBER OF SEXUAL PARTNERS D AVOID SEX WITH PROSTITUTES ... E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS F AVOID SEX WITH HOMOSEXUALS . G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVEN. H AVOID BLOOD TRANSFUSIONS I AVOID INJECTIONS J AVOID KISSING K AVOID MOSQUITO BITES L SEEK PROTECTION FROM TRADITIONAL HEALER M AVOID SHARING RAZOR BLADES .. N OTHER_____W (SPECIFY) OTHER_____X (SPECIFY) DON'T KNOW Z	
604	CHECK 603: NEITHER CODE 'C' NOR CODE 'D' CIRCLED ☐ ↓ CODE 'C' AND/OR CODE 'D' CIRCLED ☐		→607
605	In your view, is a person's chance of getting AIDS influenced by the number of partners he or she has?	YES 1 NO 2 DON'T KNOW 8	☐ →607
606	If a person has sex with only one partner, does this person have a greater or a lesser chance of getting AIDS than a person who has sex with many partners?	GREATER CHANCE OF AIDS 1 LESSER CHANCE OF AIDS 2	
607	CHECK 603: DID NOT MENTION USE OF A CONDOM DURING SEX (CODE 'B' NOT CIRCLED) ☐ ↓ MENTIONED USE OF A CONDOM DURING SEX (CODE 'B' CIRCLED) ☐		→610
608	In your view, is a person's chance of getting AIDS affected by using a condom every time he or she has sexual intercourse?	YES 1 NO 2 UNSURE/DON'T KNOW 8	☐ →610
609	If a person uses a condom every time he or she is engaged in sexual intercourse, does this person have a greater or a lesser chance of getting the AIDS virus than someone who doesn't use a condom?	GREATER CHANCE OF AIDS 1 LESSER CHANCE OF AIDS 2	
610	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
611	Do you know someone personally who has the virus that causes AIDS or someone who died from AIDS?	YES 1 NO 2	x

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
612	Can the virus that causes AIDS be transmitted from a mother to a child?	YES 1 NO 2 DON'T KNOW 8	☐ → 613
612A	When can the virus that causes AIDS be transmitted from a mother to a child? Any other times? RECORD ALL RESPONSES	DURING PREGNANCY A AT DELIVERY B DURING BREASTFEEDING C OTHER TIMES D DON'T KNOW Z	
613	CHECK 401: CURRENTLY MARRIED/ LIVING WITH A WOMAN ☐ ↓ NOT CURRENTLY MARRIED/ NOT LIVING WITH A WOMAN ☐		→ 614A
614	Have you ever talked about ways to prevent getting the virus that causes AIDS with (your wife/the woman you are living with)?	YES 1 NO 2	
614A	In your opinion, is it acceptable or unacceptable for AIDS to be discussed: on the radio? on the TV? In newspapers?	ACCEPTABLE UNACCEPTABLE RADIO..... 1 2 TV..... 1 2 NEWSPAPER. 1 2	
615A	If a person learns that he/she is infected with the virus that causes AIDS, should the person be allowed to keep this fact private or should this information be available to the community?	CAN BE KEPT PRIVATE 1 AVAILABLE TO COMMUNITY 2 DK/NOT SURE 8	
615B	If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
615C	Should persons with the AIDS virus who work with other persons such as in a shop, office, or farm be allowed to continue their work or not?	CAN CONTINUE WORK 1 SHOULD NOT CONTINUE WORK 2 DK/NOT SURE/DEPENDS 8	
615D	Should children aged 12-14 be taught about using a condom to avoid AIDS?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
615E	Have you ever been tested to see if you have the AIDS virus?	YES 1 NO 2	→ 615HX
615F	Would you want to be tested for the AIDS virus?	YES 1 NO 2 DON'T KNOW/UNSURE 3	
615G	Do you know a place where you could go to get an AIDS test?	YES 1 NO 2	→ 616

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
615H	Where can you go for the test?	PUBLIC SECTOR CENTRAL HOSPITAL A PROVINCIAL HOSPITAL B DISTRICT HOSPITAL C RURAL HEALTH CENTRE D RURAL/MUNICIPAL CLINIC E	
615HX	Where did you go for the test?	OTHER PUBLIC _____ G (SPECIFY)	
	Any other places?	MISSION FACILITY H	
	RECORD ALL MENTIONED.	PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC I PRIVATE DOCTOR J OTHER PRIVATE MEDICAL _____ K (SPECIFY)	
		TRADITIONAL HEALER L	
		OTHER _____ X (SPECIFY)	
616	(Apart from AIDS), have you heard about (other) infections that can be transmitted through sexual contact?	YES 1 NO 2	→630
617	In a man, what signs and symptoms would lead you to think that he has such an infection?	ABDOMINAL PAIN A GENITAL DISCHARGE/DIPPING ... B FOUL SMELLING DISCHARGE C BURNING PAIN ON URINATION D REDNESS/INFLAMMATION IN GENITAL AREA E SWELLING IN GENITAL AREA F GENITAL SORES/ULCERS G GENITAL WARTS H BLOOD IN URINE I LOSS OF WEIGHT J IMPOTENCE/STERILITY K NO SIGNS/SYMPTOMS L	
	Any others?	OTHER _____ W (SPECIFY)	
	RECORD ALL MENTIONED.	OTHER _____ X (SPECIFY)	
		DON'T KNOW Z	
618	In a woman, what signs and symptoms would lead you to think that she has such an infection?	ABDOMINAL PAIN A GENITAL DISCHARGE/DIPPING ... B FOUL SMELLING DISCHARGE C BURNING PAIN ON URINATION D REDNESS/INFLAMMATION IN GENITAL AREA E SWELLING IN GENITAL AREA F GENITAL SORES/ULCERS G GENITAL WARTS H BLOOD IN URINE I LOSS OF WEIGHT J INFERTILITY/STERILITY K NO SIGN/SYMPTOMS L	
	Any others?	OTHER _____ W (SPECIFY)	
	RECORD ALL MENTIONED.	OTHER _____ X (SPECIFY)	
		DON'T KNOW Z	
619	CHECK 411: HAS HAD SEXUAL INTERCOURSE ☐	HAS NOT HAD SEXUAL INTERCOURSE ☐	→630

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
620	Now, I would like to ask some questions about your health in the last 12 months. During the last 12 months, have you had a sexually-transmitted infection?	YES 1 NO 2 DON'T KNOW 8	
620A	Sometimes men experience a discharge from their penis. During the last 12 months, have you had a discharge from your penis?	YES 1 NO 2 DON'T KNOW 8	
620B	Sometimes men experience a sore or ulcer on or near their penis. During the last 12 months, have you had a sore or ulcer on or near your penis?	YES 1 NO 2 DON'T KNOW 8	
622	CHECK 620/620A/620B: HAD STI DID NOT HAVE STI 		→630
625	The last time you had (INFECTION FROM 620/620A/620B), did you seek advice or treatment?	YES 1 NO 2	→627
626	Where did you seek advice or treatment? Any other places? RECORD ALL RESPONSES.	PUBLIC SECTOR CENTRAL HOSPITAL A PROVINCIAL HOSPITAL B DISTRICT HOSPITAL C RURAL HEALTH CENTRE D RURAL/MUNICIPAL CLINIC E VILLAGE COMMUNITY WORKER ... F OTHER PUBLIC _____ G (SPECIFY) MISSION FACILITY H PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC I PHARMACY J PRIVATE DOCTOR K VILLAGE COMMUNITY WORKER ... L OTHER PRIVATE MEDICAL_____ M (SPECIFY) OTHER SOURCE SHOP N RELATIVE/FRIENDS O TRADITIONAL HEALER P OTHER_____ X (SPECIFY)	
627	When you had (INFECTION FROM 620/620A/620B), did you inform the persons with whom you have been having sex?	YES 1 NO 2 SOME/ NOT ALL 3	
628	When you had (INFECTION FROM 620/620A/620B) did you do something to avoid infecting your sexual partner(s)?	YES 1 NO 2 PARTNER ALREADY INFECTED ... 3	→630
629	What did you do? Anything else? RECORD ALL RESPONSES	STOPPED SEXUAL INTERCOURSE . A USED CONDOMS B TOOK MEDICINES C OTHER_____ X (SPECIFY)	
630	RECORD THE TIME.	HOUR MINUTES	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS
ABOUT RESPONDENT:

COMMENTS ON
SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____